REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/700,101-Conf. #2826
	Filing Date	November 3, 2003
	First Named Inventor	Christophe Ebro
	Art Unit	2193
	Examiner Name	T. D. Ingberg
	Attorney Docket Number	20910/0206098-US0

To: **Commissioner for Patents**
        P.O. Box 1450
        Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐   all the attorneys/agents of record.

☐   the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒   the attorneys/agents associated with Customer Number   [62663]

    NOTE: This box can only be checked when the power of attorney of record in the application is to all the
    practitioners associated with a customer number.

The reasons for this request are:
Per 37 CFR 10.40(c)(5), the practioner's client knowingly and freely assents to this termination of
employment as another practioner has been engaged to prosecute this patent application.

CORRESPONDENCE ADDRESS

1.   ☐   The correspondence address is NOT affected by this withdrawal.

2.   ☒   Change the correspondence address and direct all future correspondence to:

    ☒   The address associated with Customer Number: [51344]

    OR

☐ Firm or Individual Name	
Address	
City	State	Zip
Country	
Telephone	Email

Signature	/John W. Branch/		
Name	John W. Branch	Registration No.	41,633
Date	April 22, 2008	Telephone No.	(206) 262-8906

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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